

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

**Harden Healthcare LLC Federal PAC**

ADDRESS (number and street)

1703 W. 5th Street

☐ (Check if address is changed)

Suite 700

Austin

CITY ▲

TX

STATE ▲

78703

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

nhunter@hardenhealthcare.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

N/A

2. DATE

MM / DD / YYYY  
07 / 23 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00489740

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nelda J Hunter

Signature of Treasurer Nelda J Hunter

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 23 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)